

Damaged Document(s)

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PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>APACHE</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>15</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>47</u>	
Town of <u>SAINT JOHNS, ARIZONA</u>		Local Registrar's No. <u>5</u>	
or City of _____	(No. _____ St.; _____ Ward)		
FULL NAME OF CHILD <u>Emmett Leroy Waite</u>		Born <u>NO</u>	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <u>YES</u>	
Sex of Child <u>Male</u>	Twin, Triplet or other _____ and _____	Number in order of birth _____	Legitimate? <u>yes</u>
Date of Birth <u>Jan. 31, 1920</u>			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>William Emmett Waite</u>	Full Maiden Name <u>Agnes Alberta Shortt</u>		
Residence <u>SAINT JOHNS, ARIZONA</u>	Residence <u>SAINT JOHNS, ARIZONA</u>		
Color or Race <u>White</u>	Age at last Birthday <u>26</u>	Color or Race <u>White</u>	Age at last Birthday <u>27</u>
	(Years)		(Years)
Birthplace <u>St. Johns, Arizona</u>	Birthplace <u>Ramah New Mex.</u>		
Occupation <u>Mechanic</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Jan. 31, 1920</u> , at <u>7:30 PM.</u>			
When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>Wm. G. L. Shortt</u> (Attending physician, midwife, householder.)	
Given or Christian name added from a supplemental report _____ 191_____		Address <u>_____</u>	
Filed <u>49</u> 19 <u>20</u>		<u>Martin Euse</u> LOCAL REGISTRAR.	
565-131-113 COUNTY REGISTRAR.		<u>J. J. Bouldin</u> COUNTY REGISTRAR.	
A True Copy Filed <u>Feb 10</u> 19 <u>20</u>			